

DOC set the State licensing requirements and standards for California-operated managed care plans. The Waxman-Duffy Act was amended further in 1977 adding authority for Medi-Cal Pilot Programs. This amendment provided the Department with broad flexibility to develop capitated managed care pilot projects, and included specific authority for publicly operated health care delivery system pilot projects.

In 1991 and 1992, further substantive Medi-Cal managed care program changes were enacted through AB 336 and SB485, emphasizing the managed care model. The State has steadily increased its commitment to the large-scale expansion of managed care within the Medi-Cal Program in order to improve beneficiaries' access to quality preventive and primary health care services in the most cost-effective manner. This commitment included the development of the Two-Plan and Geographic Managed Care (GMC) managed care programs. Today, over 3.2 million Medi-Cal beneficiaries in 22 counties are covered by Medi-Cal managed care arrangements.

3. Quality Improvement

Section 1932 (c) (1) of the Social Security Act, added by section 4705 (a) of the 1997 Balanced Budget Act (BBA), requires States entering into contracts with the health plans under SSA section 1903(m) to develop and implement a quality assessment and improvement strategy. At a minimum, these strategies must include: 1) access standards; 2) measures that examine other aspects of care and services directly related to improving the quality of care (e.g., grievance procedures and marketing standards; 3) procedures for monitoring and evaluating the quality and appropriateness of care and services that Medicaid enrollees receive; and 4) requirements for the provision of data [e.g., Health Plan Employer Data Information Set (HEDIS®)].

The Quality Improvement System for Managed Care (QISMC) is a set of guidelines for State Medicaid agencies to use in complying with the above statute. It defines a uniform set of quality standards in initial and ongoing review of health plans with a Medicaid contract. The role of the External Quality Review Organization is to perform independent external quality reviews of contracted managed care plans to comply with the above statutes and guidelines. As shown in the above historical review of the Medi-Cal program, refinements continue to be made because of Federal and State legislation, Departmental regulations, judicial and administrative decisions, and other efforts to enhance the program. Proposers should be aware that the responsibility of the Contractor includes the planned and orderly adherence to all applicable provisions of Federal and State legislation and regulations, and to any changes, as they may occur, throughout the terms of the contract.

B. Time Schedule

Below is the tentative time schedule for this procurement:

Event	Date	Time (If applicable)
Request For Proposal Released	07/08/02	
Data Library Opens	07/08/02.	
Conference Questions Due	07/31/02	4:00 p.m.
Voluntary Pre-Proposal Conference	08/06/02 Department of Health Services 714 P Street, 1 st Floor Auditorium Sacramento CA	Starting at 1:00 p.m.
Voluntary Letter of Intent	08/06/02	4:00 p.m.
Proposal Due Date	09/03/02 <u>09/06/02</u>	4:00 p.m. <u>4:00 p.m.</u>
Notice of Intent to Award Posted	10/03/02	
Protest Deadline	10/10/02	5:00 p.m.
Contract Award Date	11/01/02	

C. Contract Term

The term of this contract shall cover three fiscal years from January 1, 20003 through September 30, 2005. The first year shall be only nine (9) months in duration, beginning January 1, 2003 through September 30, 2003. The second and third contract years shall each be a full twelve (12) month fiscal year beginning October 1, 2003 through September 30, 2004 for contract year two (2), and October 1, 2004 through September 30, 2005 for contract year three (3). The total term of the contract is expected to be thirty-three (33) months. Additionally, two (2), one-year (1) extensions may be executed at the sole discretion of the Department. The agreement term may change if DHS makes an award earlier than expected or if DHS cannot execute the agreement in a

attachments to a maximum of five (5) pages. Small visual attachments incorporated into the original written documentation have no effect on the page count for either written or visual documents.

The written and/or visual attachments MUST BE SANITIZED by removing any identification of whom the document was produced for, whom the document is about or any proper name or company name in the document. Word replacement is the preferred method, but obliteration of the identifying information is acceptable.¹

- 5) Briefly describe any experience that demonstrates your firm's ability to establish and maintain effective working relationships with government entities, a diverse culture community or a special needs population.
- 6) Identify three client references that your firm has serviced in the past five years that can confirm their satisfaction and the timeliness of your services. Use the Proposer References (**Attachment 4**) for this purpose. **Place the completed Proposer References form in the Forms section of your proposal.**

e. Work Plan Section

1) Overview

- a) DHS is interested in proposals that provide well-organized, comprehensive and technically sound business solutions. Vague explanations will undermine your firm's credibility and will result in reduced proposal scores.
- b) The workplan must include an in-depth discussion and description of the methods, approaches and step-by-step actions that will be carried out to fulfill all Scope of Work requirements.

If the nature of a task or function hinders specific delineation of in-depth methods and procedures (e.g., a task is dependent upon a future action or multiple approaches may be used), explain the probable methods, approaches or procedures that you will use to accomplish the task or function.

- c) If, for any reason, the workplan does not wholly address each Scope of Work (SOW) requirement, fully explain each omission.

2) Rejection of Tasks, Activities or Functions

If full funding does not become available, is reduced, or DHS determines that it does not need all of the services described in this RFP, DHS reserves the right to offer an amended contract for reduced services and deliverables.

¹ Word replacement would substitute XYZ Corp., John Smith or similar words into the original report by way of a word processing word replacement program. Obliteration is a complete mark-through of the word. (e.g. XXXXXXXXXX) **You must be certain the mark through can not be read through.**

3) Workplan Content

- a. Briefly explain or describe the overall approach and/or methods that you will use to accomplish the Scope of Work.
- b. The Department is requesting that the Contractor be prepared to provide services in six (6) general categories. For each of the six (6) categories of service, you should provide a narrative addressing the information requested in each of the items in 3 a through 3 d iv below. Clearly title the beginning of the answers to each general category with the general category of service title identified below. Be sure your response provides adequate information to addresses each of the of the requirements of 3, ac-through 3, df, iv, (Pages 20 and 21) even if your response is identical to a response given elsewhere in your proposal. Please include in your answers detailed plans for addressing all activities in the Scope of Work, as well as any other information you believe will demonstrate your ability to provided the best solution or service in this area.

The six (6) general categories of service are:

- i. Auditing and Reporting of EAS (EAS) Performance Measures
 - ii. Evaluation of Quality Improvement Projects (QIPs)
 - iii. Reports Defining Superior Performance
 - iv. Performance Evaluations
 - v. Consumer Satisfaction Survey
 - vi. Annual Quality Improvement Conference
- c. Explain why you chose the particular approaches and/or methods that are proposed to accomplish the requirements of the SOW for this particular general category of service? (e.g. proven success or past effectiveness, etc.). Include an explanation of the benefit of these approaches and/or methods over other methods or approaches considered.
 - d. If applicable, explain what is unique, creative, or innovative about your proposed approaches and/or methods for meeting the needs of this general category of service?
 - e. Identify any complications or delays you envision may occur in providing this service. Describe those complications or delays and include a strategy or strategies for overcoming those problems.
 - f. Provide a workplan that identifies the specific tasks/activities, functions and steps that you will perform in the order you believe they will occur. Include the following in-depth information for each task/activity or function in the workplan:
 - i. Identify any milestones which you will meet to support your position that the timely production of the deliverables is occurring;

- ii. The individual who will have primary responsibility for the general category of service being described and what qualifies this person(s) to over see this aspect of the project;
- iii. Within any of the general category of service, identify the individual who will have primary responsibility for performing any major task/activity or function; Describe what qualifies this person(s) to oversee this aspect of the project.
- iv. A performance timeline and a detailed description of the step-by-step actions, methods, and approaches that will be used to fulfill each general category of work. Please feel free to expand the number of timelines provided to explain any sub-category of work within a general category of work requested. The timeline should address all issues within the Scope of Work. (E.g. All SOW goals, objectives, functions, tasks, activities, deliverables, and project milestones).

In addition to start and end dates, you may use other terms such as “start-up”, “on-going”, “continuous”, etc. to describe the performance timeline. In doing so, you must define the meaning of each unique term that you use.

e)g) Please describe your understanding of your commitment to participate in meetings with the Department, managed care plans or other interested parties. Within your discussion identify the party(s) you will commit to participate in each of the described meetings or committees and reasons for this selection. If your staff member to be assigned to these meets has not been established yet, at a minimum, identify the level of staff, key staff or consultant. (Please remember that participation is considered a requirement of the RFP and that no direct compensation shall be paid to any participant or attendee at any required meeting.)

f)h) The Scope of Work requires that the Proposer be prepared to provide expertise for Special Consultative Services. DHS has identified seven (7) areas where specific qualifications or expertise may be required. Please describe how the qualifications of each team member provided for Special Consultative Services best meets the needs of the Department with respect to Special Consultative Services. Please include resumes, discussions of recent or current works, list of professional awards or honors received.

f. Management Plan Section

- 1) Describe how you will effectively coordinate, manage and monitor the efforts of the assigned staff, including subcontractors and/or consultants, if any, to ensure that all tasks, activities and functions are completed effectively and in a timely manner.
- 2) Describe the accounting processes which will be used by your firm in the preparation, tracking and billing of the Department for completed services. Please be sure that at a minimum your narrative addresses the steps that insure accuracy, appropriateness of the billing and steps to insure the timely billing of invoices.

- 3) Include an organization chart. Instructions are explained in the Appendix section. Place the organization chart in the Appendix section of your proposal.
- 4) Include financial statements requested under the directions in Appendix 4. Instructions are explained in the Appendix section. **Place the financial statement in the Appendix section of your proposal.**

g. Project Personnel Section

- 1) In this section, describe your proposed staffing plan. In the staffing plan, include at a minimum:

The title and position of all Key Personnel who will work on this contract . Please note that DHS reserves the right to approve or disapprove of changes in Key Personnel that occur after DHS awards the contract. (Do not report employees who will **only provide** Special Consultative Services in this section. Report those employees under the requirements of Special Consultative Services, as directed.)

- a. The staff positions required for this RFP. Also indicate the number and full time equivalent people that are projected to staff each position.
 - b. Include a job description or duty statement for each position title or classification that will perform work under this contract. The job descriptions must indicate the typical tasks and responsibilities that you will assign to the position, as well as the desired or required education and experience. **Place all job descriptions or duty statements at the end of the Project Personnel section.**
 - c. Identify by name and/or position title, each key staff person that will have primary responsibility for managing, directing, overseeing and/or coordinating the project, including the assigned staff, subcontractors and/or independent consultants. Clearly indicate who will maintain effective communications with DHS (i.e., Project or Program Manager, Project or Program Director, Contract Manager, etc.).
 - i. Briefly, describe each person's expertise, capabilities and credentials.
 - ii. Emphasize any relevant past experience in directing, overseeing, coordinating or managing other government projects.
 - d. Include a resume for each key staff person (professional, managerial or supervisory) that will exercise a major administrative, policy, or consulting role in carrying out the project work. **Place staff resumes in the Appendix section.** To the extent possible, resumes should not include personal information such as a social security number, home address, home telephone number, marital status, sex, birth date, age, etc.
- 2) Briefly describe the administrative policies or procedures the firm uses to recruit and select well-qualified, competent, and experienced in-house staff, subcontractors and/or independent consultants.

Attachment and/or Documentation	Instructions
1- Proposal Cover Page	Completely the form, including the signature of Bidder or Authorized Representative
2 – Required Attachment / Certification Checklist	<p>Check each item with “Yes” or “N/A”, as applicable, and sign the form. If necessary, explain your responses</p> <p>If a Proposer marks “Yes” or “N/A” and makes any notation on the checklist and/or attaches an explanation to the checklist to clarify their choice, DHS considers this a “qualified response”. Any “qualified response”, determined by DHS to be unsatisfactory or insufficient to meet a requirement, may cause a proposal to be deemed non-responsive.</p>
3 – Proposer Information Sheet	Completion of the form is self-explanatory.
4 – Proposer References	Identify three (3) clients you have serviced within the past five years that can confirm their satisfaction with your services and confirm if your firm provided timely and effective services or deliverables. If possible, identify clients whose needs were similar in scope and nature to the services sought in this RFP. List the most recent first.
5 – RFP Clause Certification	Complete and sign this form indicating your willingness and ability to comply with the contract certification clauses appearing in the RFP section entitled, “Bid Requirements and Information,” subsection “Bidding Certification Clauses”.
6 – CCC 201 – Certification	Complete and sign this form indicating your willingness and ability to comply with the Contractor Certification Clauses appearing in this Attachment.
7 – Payee Data Record	Complete and return this form, <u>only</u> if you have not previously entered into a contract with DHS. If uncertain, complete and return the form.
<p>8a – Actual DVBE Participation and applicable DVBE certification(s)</p> <p>and/or</p> <p>8b – Good Faith Effort with required documentation.</p>	Read and carefully follow the completion instructions in Attachment 8. Attach the documentation that is required for the form(s) you choose to submit. One and/or both of these two forms may be required.
Cost Matrix forms Attachments 10-1 to 10-7	Cost Matrix forms is your reported bid amount for the deliverables or services to be provided b the proposer

Attachment and/or Documentation	Instructions
Cost Proposal Form Attachment 10-8	Cost Proposal Form requires a signature that binds the proposer to the services to be provide for the amounts reported in Attachments 10-1 to 10-7
Core Deliverables Attachments 11-1.1 to 11-1.6	Complete and return this form reporting your calculated bid amount for Core Deliverables and the total amount reported for five years
Conflict of Interest Statement Attachments13	Complete and return this form with any appropriate attachments and signatures

P. Proposal Submission

1. General Instructions

- a. Each proposal package should be separated into to two parts, the technical proposal and the cost proposal. The cost section shall include all attachments related to the bid amounts presented in your bid proposal. This will include Attachment 10-1, 10-2, 10-3, 10-4 10-5, 10-6, 10-7, 10-8, 11-1.1, 11-1.2, 11-1.3, 11-1.4, 11-1.5 and 11-1.6.
- b. The CD-R version of the proposal is to include the technical proposal and the cost proposal as a single unit or set of CDs. Because the CD(s) will include the cost proposal package, the CD must be packaged with the Cost Proposal.
- c. Please label the CD-R and Storage Shelve/Jewel Box “External Quality Review Organization Procurement”, “Contract Years 2003 to June 2005”, “Your Company Name”, “RFP 01-16170”.
- d. Assemble the original cost proposal and five (5) copies. Place the cost proposal set marked “Original” on top, followed by the five (5) extra copies. Place all cost proposal copies, the original and CD-R copy in a single envelope or package, if possible. Seal the envelope(s) or package(s) and clearly label the packages or envelopes as the cost proposals.
- e. Assemble the technical proposal same order, an original, five (5) copies of your proposal technical together. Place the proposal set marked “Original” on top, followed by the five (5) extra copies.
- f. Place all of the technical proposals copies in a single envelope or package, if possible. Seal the envelope or package. The cost proposals may be mailed or delivered in a common shipping box but must be in separate sealed and clearly identifiable packaging from the technical proposal.

If you submit more than one envelope or package, carefully label each one as instructed below and mark on the outside of each envelope or package “1 of X”, “2 of X”, etc.

- g. Mail or arrange for hand delivery of your proposal to the Department of Health Services, Office of Medi-Cal Procurement (OMCP). Proposals may not be transmitted electronically by fax or E-mail.
- h. The Office of Medi-Cal Procurement must receive your proposal, regardless of postmark or method of delivery, by **4:00 p.m. on September, 6, 2002**. Late proposals will not be reviewed or scored.
- i. Label and submit your proposal using one of the following methods.

Hand Delivery or Overnight Express:	U.S. Mail:
Proposal RFP 01-16170 Department of Health Services Office of Medi-Cal Procurement 600 North 10th Street, Suite 240 C Sacramento, CA 95814	Proposal RFP 01-16170 Department of Health Services Office of Medi-Cal Procurement P.O. Box 942732 Sacramento, CA 94234-7320

Proposer Warning

DHS’ internal processing of U.S. mail may add up to 48 hours to the delivery time. If you mail your proposal, consider using certified, registered or express mail. **Request a return receipt confirming the delivery date and the time of delivery.** If you choose to hand deliver your appointment request, allow sufficient time to locate parking and sign-in at the security desk.

2. Proof of Timely Receipt

- a. DHS staff will log and attach a date/time stamped slip or bid receipt to each proposal package/envelope received. If a proposal envelope or package is hand delivered, DHS staff will give a bid receipt to the hand carrier upon request.
- b. To be timely, DHS’ Office of Medi-Cal Procurement must receive each proposal at the stated delivery address no later than 4:00 p.m. on the proposal submission due date. Neither delivery to the Department’s mailroom or a U.S. postmark will serve as proof of timely delivery.
- c. DHS will deem late proposals non-responsive.

3. Proposer Costs

Proposers are responsible for all costs of developing and submitting a proposal. Such costs cannot be charged to DHS or included in any cost element of a Proposer's price offering.

Q. Evaluation and Selection

A multiple stage evaluation process will be used to review and score technical proposals. DHS will reject any proposal that is found to be non-responsive at any stage of evaluation.

Evaluation and Selection will consist of multiple stages as further described below. An Evaluation Committee will be used for all stages. This Evaluation Committee is comprised of three separate groups. One group will function as the Evaluation Scoring Committee (ESC), the second group will function as the Rating Review Committee (RRC), and the third group will be an Executive Review Committee (ERC).

Individuals assigned to the ESC will be responsible for the separate review of proposals as described in the stages below. The RRC will be comprised of OMCP management staff and evaluation team leads. The RRC will interact with the ESC throughout the evaluation process as described in the following stages. The ERC, composed of Department management officials, will review the evaluation process and recommended scores for each proposal as a final stage to the procurement process. This is to assure all appropriate procedures and processes have been followed.

Additionally, the ERC may seek independent review or advice from individuals within the Department or elsewhere regarding procurement policy matters, proposal scoring, technical proposal deficiencies, and acceptability.

1. Stage 1 – Required Attachment / Certification Checklist review

- a. Shortly after the proposal submission deadline, DHS staff will convene to review each proposal for timeliness, completeness and initial responsiveness to the RFP requirements. This is a pass/fail evaluation.
- b. In this review stage, DHS will compare the contents of each proposal to the claims made by the Proposer on the Required Attachment / Certification Checklist to determine if the Proposer's claims are accurate.
- c. If deemed necessary, DHS may collect additional documentation (i.e., missing forms, missing data from RFP attachments, missing signatures, etc.) from a Proposer to confirm the claims made on the Required Attachment / Certification Checklist and to ensure that the proposal is initially responsive to the RFP requirements.

- d. If a Proposer's claims on the Required Attachment / Certification Checklist cannot be proven or substantiated, the proposal will be deemed non-responsive and rejected from further consideration.

2. State 2 – Narrative Proposal Evaluation/Scoring

- a. Proposals that appear to meet the basic format requirements, initial qualification requirements and contain the required documentation, as evidenced by passing the Stage 1 review will be submitted to a rating committee.
- b. The raters will individually and/or as a team review, evaluate and numerically score proposals based on the proposal's adequacy, thoroughness, and the degree to which it complies with the RFP requirements
- c. DHS will use the following scoring system to assign points. Following this chart is a list of the considerations that raters may take into account when assigning individual points to a technical proposal.

Points	Interpretation	General basis for point assignment
0	Inadequate	Proposal response (i.e., content and/or explanation offered) is inadequate or does not meet DHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are significant and unacceptable.
1	Barely Adequate	Proposal response (i.e., content and/or explanation offered) is barely adequate or barely meets DHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s) are not insignificant but acceptable.
2	Fully Adequate	Proposal response (i.e., content and/or explanation offered) is fully adequate or fully meets DHS' needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.
3	Excellent or Outstanding	Proposal response (i.e., content and/or explanation offered) is above average or exceeds DHS' needs/requirements or expectations. Minimal weaknesses are acceptable. Proposer offers one or more enhancing feature, method or approach that will enable performance to exceed our basic expectations.

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d. During contract year three, the Contractor will work in consultation with the Department and QI Workgroup to select a new statewide collaborative quality improvement project. As noted above for contract year one, the Contractor is expected to lead the development of the methodologies for baseline measurement and remeasurement, as well as identification of interventions and protocol for implementation of those interventions. By the end of contract year three, the Contractor will complete the baseline measurement for the statewide collaborative.²

b.e. Within two weeks of receipt, the Contractor will review and evaluate each proposed QIP submitted by the plans for either the individual or small group QIPs. The Contractor will provide an assessment and recommendation as to the appropriateness of the project topic and study methodology, including the adequacy of performance measures/indicators chosen. The Contractor is to deliver the evaluation to the health plan(s) and Department simultaneously.

e.f. At the completion of each phase of QIP activity, each plan must submit a report summarizing the results of phase activities. The Contractor will review and evaluate reports submitted by the plans for completeness of the reporting process and adequacy of the conduct of the study. The Contractor will review the processes used by the plans to measure and remeasure for improvement. If a plan does not achieve improvement, the Contractor shall evaluate the plan's analysis as to the causes for failure to achieve the desired improvement and develop recommendations for a remedial plan to improve results prior to remeasurement. The Contractor will deliver, within two weeks or such later date as specified by the Department, of receipt of a plan's phase-end report, a written evaluation of the QIP phase. This evaluation is to be delivered to the health plan(s) and Department simultaneously.

d.g. The Contractor will issue quarterly status reports on all plan-specific and small group QIPs as noted below.

3. Reporting Requirements:

a. Report of QIP Evaluation Criteria

By June 15 of contract year one, or such later date as the Department requires, the Contractor shall issue a report of recommended evaluation criteria for assessment of each phase of QIPs.

b. Quarterly Status Reports for Plan-specific and Small Group QIPs

Beginning April 30 of contract year one, or such later date as specified by the Department, and for each subsequent quarter of each contract year, the Contractor will issue quarterly status reports to the Department which track the status of all plan-specific and small group QIPs. The reports must identify potential and/or significant issues experienced by the plan during the most recent phase, as well as corrective actions recommended and corrective

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² Should the statewide collaborative initiated during contract year one continue into contract year three, a new statewide collaborative QIP may not be selected. Under such circumstances, the Contractor will be relieved of responsibilities concerning the development and implementation of measurement methodologies or interventions for a new statewide collaborative QIP until such time as the existing statewide collaborative QIP is completed.

actions taken by the plan in remediation of identified problems. In noting a plan's successful completion of a QIP phase, the Quarterly Report should also identify key findings and best practices that contributed to the QIP progress.

c. Initial QIP Evaluations for Plan-specific and Small Group QIPs

Within two weeks of receipt of a plan's submission of a proposed QIP, the Contractor will issue an evaluation to the plan and Department. The evaluation is to include either a recommendation for the plan to proceed or required corrective actions.

d. Phase-end QIP Evaluations for Plan-specific and Small Group QIPs

Within two weeks of receipt of a plan's report of QIP phase completion, the Contractor will issue an evaluation to the plan and Department. The evaluation is to include either a recommendation for the plan to proceed or required corrective actions.

e.a. Report of Baseline Measurement for the Statewide Collaborative QIP

By September 30 of contract year one and contract year three, or such later date as specified by the Department, the Contractor shall prepare an aggregate report of results of the statewide collaborative baseline measurement for each plan. The report is to include a description of the study, the basis of selection of the study, and the anticipated results after implementation of the interventions.

f.b. Status Report of the Statewide Collaborative QIP

By March 30 of contract year two, or such later date as specified by the Department, the Contractor shall prepare a status report of the statewide collaborative study. This report should identify any key issues that may impact the results of the remeasurement, as well as any refinements made to the study while in progress.

g.c. Report of Remeasurement Results for the Statewide Collaborative QIP

By September 30 of contract year two, or such later date as specified by the Department, the Contractor shall prepare a report that analyzes the results of the remeasurement for each plan. If the desired results are not achieved after implementation of the selected interventions, the Contractor is to evaluate the causes for failure, including flaws in the study methodology. The report is also to include recommendations for improvement to the study.

4. Bidding Specifications:

a. For contract year one, the Proposer must bid the following:

- 1) The cost of the Report of QIP Evaluation Criteria;
- 2) The cost of the Report of Baseline Measurement for the Statewide Collaborative QIP; and
- 3) The cost of the Quarterly Status Reports for Plan-Specific and Small Group QIPs.

Korean, and Chinese. The Contractor will be responsible for obtaining appropriately translated tools for any follow-up activities performed.

3. Reporting Requirements:

a. Plan-Specific Reports of Consumer Satisfaction Survey Results

Upon completion of the consumer satisfaction survey and verification of the final reported results, the Contractor will produce a report for each plan, analyzing the survey findings at the contract level. The Contractor will prepare the reports for each plan in accordance with NCQA established procedures. All plan-specific reports will be due to the Department by August 15 of contract years one and three, or such later date as specified by the Department.

b. Summary Report of Consumer Satisfaction Survey Results

The Contractor will prepare a summary report that analyzes the CAHPS consumer satisfaction survey results for all plans, at the contract level. The report is to include recommendations for correction of deficiencies found during performance of the surveys, as well as for improvement of overall reporting and calculated results. Additionally, the Department may request that the Contractor prepare the analysis to adjust for demographic differences among plans in comparing plan results. The draft Summary Report will be due to the Department by August 15 of contract years one and three, or such later date as specified by the Department. The final Summary Report must be delivered to the Department by September 30 of contract years one and three, or such later date as specified by the Department.

4. Bidding Specifications:

a. For contract year one, the Proposer must bid the following:

- 1) The cost of preparing plan-specific reports and an aggregate report based upon use of the CAHPS 2.0H survey tool in English and Spanish; and
- 2) The cost of preparing plan-specific reports and an aggregate report based upon use of the Revised CAHPS 2.0H survey tool in English and Spanish.

The bids must be inclusive of all costs associated with performance of the survey, including any follow-up activities undertaken to increase response rates; analysis of survey data; and production of the reports.

b. For contract years three and five (extension year two), the Proposer is required to present four (4) sets of bids:

- 1) The cost of preparing plan-specific reports and an aggregate report based upon use of the CAHPS 2.0H survey tool in English and Spanish;
- 2) The cost of preparing plan-specific reports and an aggregate report based upon use of the Revised CAHPS 2.0H survey tool in English and Spanish;

- 3) The cost of preparing plan-specific reports and an aggregate report based upon use of the ~~Revised~~ CAHPS 2.0H survey tool in five (5) languages; and
- 4) The cost of preparing plan-specific reports and an aggregate report based upon use of the Revised CAHPS 2.0H survey tool in five (5) languages.

The bids must be inclusive of all costs associated with performance of the survey, including any follow-up activities undertaken to increase response rates; analysis of survey data; and production of the reports.

F. Annual Quality Improvement Conference

1. General Description:

During January 2004 and January 2005, the Contractor will conduct a one-day, annual quality improvement conference for plans, Department staff, the Center for Medicare and Medicaid Services (CMS), and other invited organizations and individuals. The goal of the Annual Quality Improvement Conference is to bring together managed care professionals and quality improvement experts whose mutual objective is to make a difference in the quality of care delivered to plan members. This conference will present up-to-date, practical information regarding Quality Improvement issues and best practices as they affect the managed care environment. The Contractor may establish a committee that includes plan representatives, as well as representatives from the Department, to design the annual quality improvement conference.

2. Required Activities:

In planning the conference, the contractor must arrange for:

- a. Keynote speakers;
- b. Attendance/participation of nationally recognized speakers;
- c. Conference facilities and audio/visual equipment, as appropriate;
- d. Conference documents including registration materials and session handouts;
- e. A luncheon, as well as morning and afternoon snacks;
- f. Honorariums and travel costs;
- g. Availability of continuing education units; and
- h. Post-conference evaluation and recommendations for future conferences.

By September 15, 2003 and each September 15 thereafter, the Contractor must submit a draft agenda for the following January conference. The conferences are to be conducted in Sacramento during the month of January beginning in 2004. Arrangements should be based upon an estimated attendance of approximately 250 attendees.